

## **Illinois MIECHV CQI Plan** **(updated September 27, 2013)**

### **Introduction**

Illinois' plan for the MIECHV program includes a strong commitment of resources and action to the Continuous Quality Improvement (CQI) process. Continuous quality improvement is a system that seeks to improve the provision of services with an emphasis on future results. It uses a set of analytical and statistical tools to understand subsystems and uncover problems, but its emphasis is on maintaining quality in the future, not just controlling a process. The following plan delineates the key partners, processes and the strategic plan for integrating CQI into Illinois MIECHV programs.

*Center for Prevention Research and Development, the University of Illinois*

The Center for Prevention Research and Development (CPRD) will serve as the lead entity in the CQI process providing the staffing and technology for executing the plan. CPRD is one of four research centers affiliated with the Institute of Government and Public Affairs (IGPA) at the University of Illinois, with offices in both Urbana and Chicago. CPRD integrates IGPA's mission of creating evidence-based research to program and policy at the national, state and local level. Specifically, CPRD seeks to support public policy in three ways: 1) improving capacity in terms of human resources (through technology transfer and training); 2) improving evidence-based practice (through research and evaluation) and data-based decision making; and 3) improving access and guidance for public policies and decision making.

CPRD has a long history (over 20 years) of working on multiple projects and topical areas as part of the continuous quality improvement process. In fact, the cornerstone of CPRD's work has been collecting, organizing, and providing feedback to foundations, states, communities, schools and community-based organizations. Our most extensive work has been done in education with a widely-used self-study assessment that has and is currently used in a number of different states. In fact, CPRD staff published several articles related to data-based decision making for school improvement (Flowers & Carpenter, 2009; Mulhall, Mertens & Flowers, 2004).

More recently, CPRD has been working with early childhood and maternal and child health programs. Our team recently completed the evaluation and CQI process for an alcohol screening and brief intervention that were integrated in the Illinois WIC program, and more recently, are using CQI methods as part of the Chicago Healthy Start Program, a federally-funded home visiting program. As part of the evaluation of these two programs, we have and continue to use both quantitative and qualitative data for CQI processes.

With our long history of working in schools and community-based organizations, CPRD staff developed their own approach to continuous quality improvement processes in schools and health and human service sectors. However, we have worked and integrated our approach into several well-established models, such as Malcolm Baldrige Performance Excellence in Education and Healthy Start Chicago.

### *The Division of Family and Community Services, Illinois Department of Human Services*

The Division of Family and Community Services (DFCS) already has extensive experience with this approach. More than a decade ago, Division staff launched a CQI effort to integrate the delivery of two state-wide programs for families with young children: the state-funded Family Case Management program, which was launched in the late 1980's to reduce Illinois' infant mortality rate and the federally-funded Special Supplemental Nutrition Program for Women, Infants and Children. The effort to integrate the delivery of these programs was launched when program data demonstrated a significant improvement in infant mortality, low-birth weight and very low- birth weight rates when families participated in both programs. In addition to extensive technical assistance to local agencies, data in the form of a color-coded state map was distributed quarterly to all service providers. The maps shaded each county red, yellow or green depending on the degree of integration (cross-enrollment) between the two programs. The campaign continued for about two years until full integration had been achieved in almost all of the counties, and new strategies were formulated to achieve additional progress. A similar approach was used to increase the rate of childhood immunization among WIC participants.

### **CQI's Role in MIECHV Illinois**

Continuous quality improvement will be an essential component of Illinois' MIECHV initiative that provides a mechanism to generate meaningful commitments from all levels of the program. For the purposes of programs in Illinois, continuous quality improvement is the complete process of identifying, describing and analyzing strengths and problems and then testing, implementing, learning from and/or revising solutions. CQI philosophy is that most things can be improved. Meaningful CQI efforts recognize that one learns as much from challenges and failures as from successes. Our goal is to provide the best possible services to the children and families that we serve. Through quantitative and qualitative data collection, review and analysis, the benchmark data will offer new knowledge about potential challenges, for delivering high-quality home visiting services, and to inform programs about training and technical assistance needs to improve services. Ultimately, CQI methods in the MIECHV program are intended to improve service delivery and participant outcomes. The CQI objectives are listed below.

### **CQI Objectives**

- Include internal and external stakeholders in the quality improvement process
- Provide on-going assessment and evaluation
- Identify strong and weak areas of service delivery, and carefully prioritize identified problems and set goals for their resolution
- Utilize strength-based strategies and practices
- Achieve measurable improvement in the highest priority areas
- Develop strategies and steps to reduce barriers and improve areas of performance
- Develop and incorporate new knowledge and practices in a data-driven manner
- Make data and improvement process transparent for all stakeholders

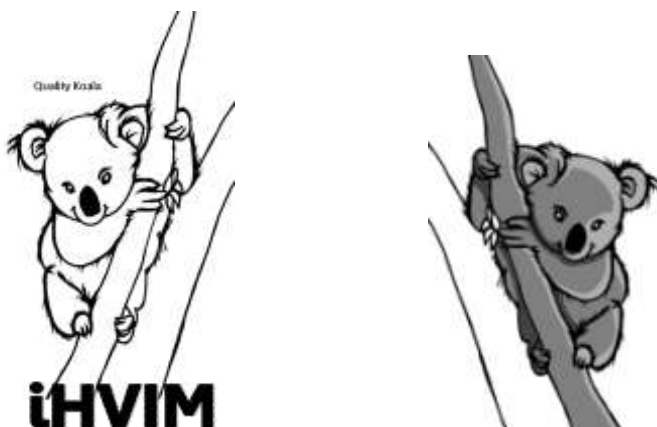
- Continuously improve services based on lessons learned and best practice
- Ensure that target populations are appropriately being pursued for home-visiting services rather than a focus on low-hanging fruit populations.

### **CQI Culture of Quality and Supporting Values**

The creation of a culture of quality exists when data are valued and striving for process improvement and optimal outcomes. This begins with a shared vision by all members at the local and state levels. Central to this commitment is creating an environment where everyone strives to meet common goals, understands the targets they are being measured against, critically assesses and reflects on their own progress and performance, shares what they have learned, and has accountability to the overall initiative.

In order to achieve an understanding by all parties of the expectations of a culture of quality, we are asking all sites to sign a Memorandum of Understanding (MOU). This document will delineate what each site can expect from the State, from CPRD, and in addition, what will be expected of them in the CQI process. We feel this will create a culture of understanding for all parties involved and establish a baseline to begin working from.

In addition, in order to help establish the culture of quality, we have developed a mascot or iconic symbol that will visually represent the CQI work across Illinois MIECHV CQI. The Koala will serve as our mascot and will be called Quality Koala. Our hope is that this cheeky but lovable character will visualize and support the culture of quality representing the Illinois Home Visiting Improvement Model (iHViM). CQI is about improving systems and environments in which home visiting takes place, not about focusing on outlier individuals, and we believe that the friendly Koala mascot will help to dispel the negativity often associated with past QA challenges.



The first set of values includes the assumptions that we make about the intentions of distressed families and why they participate in home visiting. We believe that new and expectant parents want to do the best job of parenting that they can. We also believe that all families need both education and social supports to succeed as parents. Finally, we believe that distressed families – due to young age, social (as well as linguistic and cultural) isolation, depression,

substance abuse, violence, homelessness, unemployment, limited education and other factors – may require more practical and social support than other families and that high-quality home visiting programs have demonstrated their effectiveness with these populations. We believe that a broad definition of quality in home-visiting services is the extent to which Illinois home-visiting programs meet or fail to address these needs.

The second set of values expresses our commitment to using data to improve quality and increase the benefits that families perceive and derive from the experience of participating in a home-visiting program. We believe that every home-visiting program staff member – whether an assessment worker, home visitor, supervisor, manager or other role – wants to do the best job that they can. We believe that the purpose of leadership at the state and local levels is to equip, support and assist staff on the front lines to do their jobs well. We believe that the home visitors know the families, their circumstances and the challenges, the challenges of delivering the curriculum, supporting families and advocating on their behalf better than anyone else involved in the program. We also believe that gathering data about program operations to identify and solve problems can be an effective, efficient, supportive and instructive approach to improving the quality of home visiting.

Culture of quality includes:

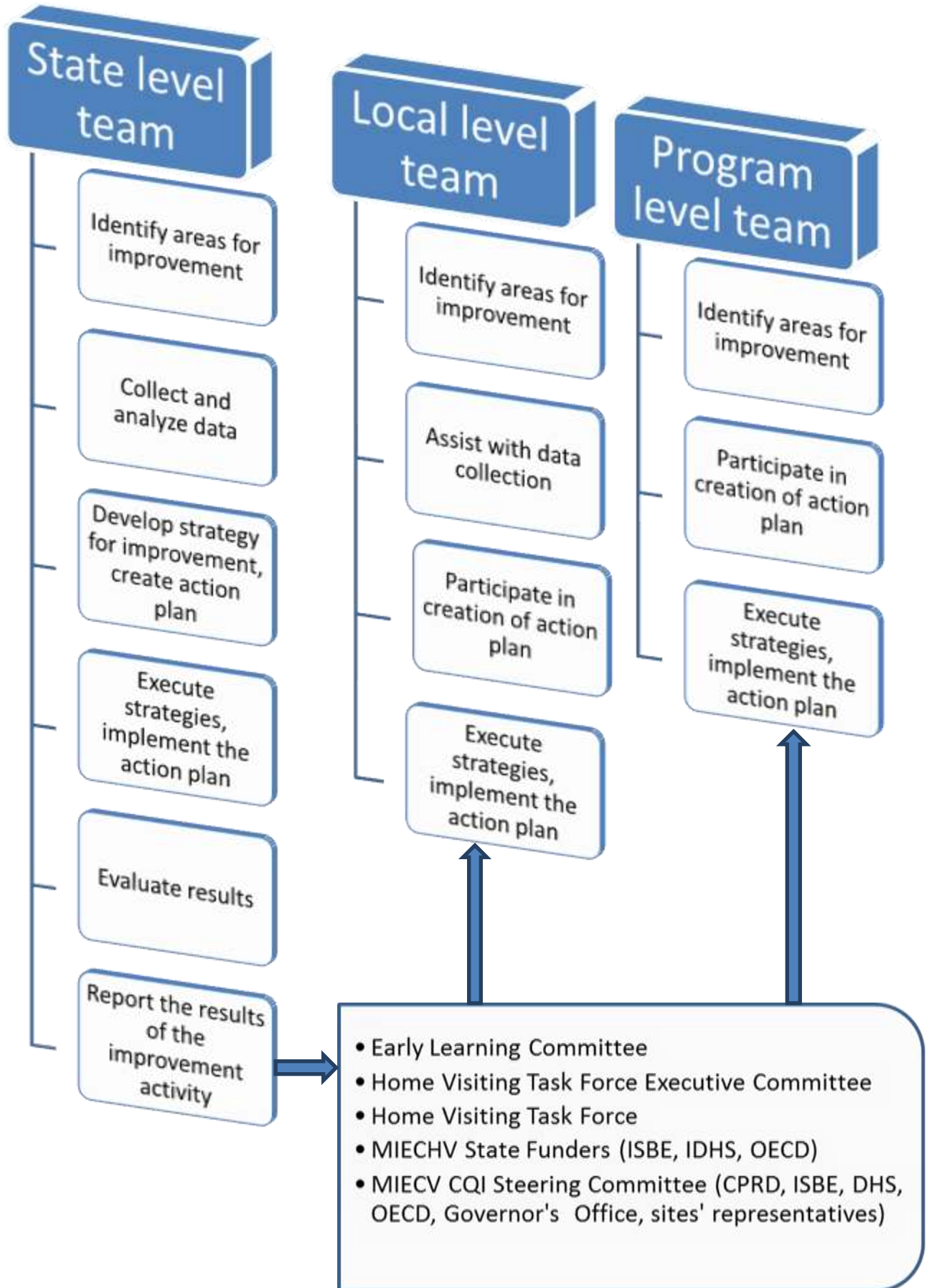
1. Attitude: Everyone should strive to reach pre-determined and ambitious targets rather than “doing the best they can.” It’s important to recognize that every situation can be a learning experience.
2. Transparency: We will share practices and methods we use as well as results and outcomes. We always recognize individual contributions to a big picture and appreciate open communication.
3. Data: We will collect relevant, accurate and meaningful data, and utilize it to monitor progress towards established targets. We will provide reports and findings.
4. Commitment: We want all team members to move from “us” to “we” and become committed to the quality improvement process.
5. Understanding of current culture, mission, vision, and values is highly important. We always want to understand where we are today versus where we want to be.
6. Understanding the system and processes is also highly important. It is process steps that lead to the outcomes. Outcome will be measured against established targets.
7. Understanding that the data can tell an important story about service delivery, and that the problems they experience can be gleaned from the data results and monitored for improvement.
8. The cornerstone of the culture of quality is based on the development of high-quality professional relationships between and among the MIECHV staff at the state and local levels. This requires a level of trust and openness that can only be created by engaging home visitors to “own” CQI processes. Staff ownership and trust issues can only be realized by having a common vision for high-quality home-visiting services, engaging them in a meaningful ways, ensuring their voices are heard and respected, and providing them with the tools, skills and support needed to successful.

## CQI Process

The CQI process will include a cycle process of improvement, which promotes excellence and continuous improvement. CQI process allows home-visiting programs to look at their activities and performance, create plans for improvement, and determine whether services meet predetermined expectations of quality and outcomes. The goal will be to correct observed deficiencies identified through the CQI process. It's different from traditional quality assurance in that its focus is self-directed at a self-determined change rather than change imposed by an external entity.

Please note in the diagram below that the arrows do not reflect a one-way flow of information, nor are they reflecting a temporal flow of the process for improvement. We see these groups working in parallel, as would be necessary given the complex nature of a State and local CQI coordinated initiative. The State and local teams will operate together and in parallel, and this is why we have identified overlapping roles. A series of oversight groups will operate together to help inform the direction of the local team and the programs team. This will function by virtue of political and administrative representatives from the oversight teams to the programs in developing future program direction and policy. In addition, these groups will help inform sites in how they should proceed with their overall mission planning and direction and how CQI can help achieve those goals. One example already implemented was a statewide initiative for all home-visiting programs to begin incorporating domestic violence screening, professional development, and improved referral networks. While this was a known problem, this had not been systematically focused on by all sites and a statewide plan was developed via these oversight committees, professional development resources were put together, and practice standards were given to sites. Sources of problems may come from site teams or State teams, so we believe both are the informers to the oversight committee on future quality improvement efforts.

# CQI ORGANIZATION DIAGRAM



# Illinois Home Visiting Improvement Model (iHIVIM)



## Define

- Identify areas to be improved
- Define indicators for improvement

## Collect

- Collect data
- Measure indicators

## Analyze

- Review data
- Analyze results and outcomes

## Develop

- Develop strategy for improvement
- Determine preferred outcomes and goals
- Create action plan for improvement

## Implement

- Execute the strategies
- Implement the action plan

## Evaluate

- Evaluate results and success of the improvement activity
- Go back to the first step

## CQI Teams

The key to success of the Continuous Quality Improvement (CQI) process is a higher-performing team. The iHVIM Team will provide ongoing operational leadership of continuous quality improvement activities. The CQI team will be challenged to guide the state to a point where people feel comfortable receiving data, sharing data, and using data as something that is important and key to their work, rather than something that is punitive and designed to identify who's not doing their job well. The success of CQI process is dependent upon the degree to which all team members are committed to the process.

The CQI State Team will consist of state project staff from the Governor's office and State agencies, CPRD's CQI Specialist, CPRD evaluator representatives, and representatives from communities and program level teams. The CQI State Team will define goals and specific objectives to be accomplished each year within the context of the MIECHV Program's Quality Expectations. The goals include training of program and administrative staff regarding both continuous quality improvement principles and specific quality improvement initiatives. Progress in meeting these goals and objectives will be an important part of the annual evaluation of quality improvement activities. We anticipate that the CQI State Team will meet bi-monthly in the first six months and then monthly. Their charge will be to plan, review and assess the status and progress of the State's iHVIM systems. Specific team roles and responsibilities are listed below:

Agency level CQI team (through the work of the CQI Representative) will be responsible for:

- Promoting a culture of quality using short-term/annual plans that support long-term strategic quality goals.
  - Quality goals are wide-ranging expectations among specific populations. For example, a quality goal could be easy access to high-quality child care.
- Encouraging service delivery processes that have been shown to contribute to good outcomes.
- Implementing and maintaining local data systems that support ongoing CQI.
- Monitoring fidelity of program implementation and reporting on participant satisfaction and outcomes.

Local level CQI team will be responsible for:

- Convening CQI team on a bi-monthly basis.
- Using CQI data and tools to identify and prioritize areas for improvement.
- Supporting implementation of quality improvement activities of the MIECHV Program.
- A culture that promotes excellence and continual improvement.
- Identify representatives for the CQI state level team.
- Participate in CQI trainings.
- Assist with data collection.
  - Data is not collected solely by the local CQI team, but rather, the broader representatives of the home visitors and supervisors. The local team and home visiting staff are the ultimate data collectors or implementers in the group. The team itself will identify new areas to collect data, maintain data integrity, and assist in training of staff on data collection procedures.



State level CQI team will be responsible for:

- Establishing measurable objectives based upon the benchmarks and constructs.
- Developing and updating the CQI plan annually to ensure continuous development of the indicators.
- Identifying indicators of quality based on a priority basis. We anticipate beginning the CQI process by focusing on a smaller, quick win, to maximize chances for success, learn the CQI process, and create a positive CQI experience.
  - Known as the low-hanging fruit approach
  - Since communities will have representatives to the State team, sites also have input on priorities that will have a statewide focus. Our goal is to avoid having sites set priorities so large or broad that they may not have the capacity to address that issue. In other words, local priorities should focus on factors or practices that are within their control.
- Continuously ensuring that the MIECHV program provides quality services in a safe, effective, recipient-centered and equitable way where:
  - The services provided incorporate evidence-based, effective practices;
  - The services are appropriate to the unique needs of the community;
  - The services develop and incorporate new knowledge and practices in a data-driven manner;
  - The fidelity of program implementation is monitored; and
  - Home visitors and program administrators are empowered to seek information about their own practices through regular feedback on process and outcome indicators.
- Guiding implementation of quality improvement activities of the MIECHV Program.
- Implementing a statewide CQI framework.
- Collecting and constructively using the data in order to promote a high-learning, high-performance, results-oriented MIECHV Program.
- CPRD CQI staff member will serve as a coach for the sites with regular large group, small group, and face-to-face meetings.
- Implementing the Illinois MIECHV CQI Model for improvement.
- Conducting quarterly and annual CQI reports.
- Meeting quarterly to review and plan CQI activities.
- Conducting CQI trainings.
- Developing strategies for improvement and executing them.
- Evaluating the results quarterly and annually.

Program (Model) level CQI team will be responsible for:

- Fidelity of implementation.
- Adaptation of model to local needs.
- Examining the relationship between implementation fidelity and adaptation on client retention.
- Examining the data for modification or implementation of curriculum program wide.
- Note that this team is not a creation of the Illinois Home Visiting CQI program, but rather the inclusion of existing CQI programs within state/federal programs.

MIECHV Steering Committee and Illinois Home Visiting Task Force:

- The Steering Committee and Home Visiting Task Force are not an entity of CQI but pre-existing groups that have been incorporated into the CQI process. These two groups are the political and policy units of Illinois Home Visiting Programs that connect at the highest levels of the executive branch (Governor's Office) and agency level (IDHS,

ISBE) of Illinois state government. These two groups meet monthly or as needed (many of the members meet or interact on a daily or near daily basis) and will serve more in a policy and executive decision role rather than the operational role.

- Review quarterly and annual CQI reports, which summarize performance on the key indicators associated with processes and outcomes.
- Review, evaluate and approve the CQI plan annually.
- Engage in CQI activities through the representatives in the State level CQI team.
- Prioritize improvement targets.
- Decide on distribution of resources to support CQI activities.
- Consult the State team to assess the effectiveness of the CQI Process.
- These two oversight groups are not a specific CQI team; however, these policy groups will be instrumental in addressing larger systemic and policy issues that may surface at the program or community levels.

# MIECHV CQI Team Chart

## State level team

- Early Learning Council (Policy)
- Home Visiting Task Force (Policy)
- MIECHV State Funders (ISBE, IDHS, OECD)
- MIECHV CQI Steering Committee (CPRD, ISBE, DHS, OECD, Governor's Office, sites' representatives) (Management)

## Local level team

- One CQI representative from each site
- MIECHV sites (6 communities)
- Home Visitors and Supervisors

## Program level team

- Early Head Start
- Healthy Families America
- Nurse Family Partnership
- Parents as Teachers

## State CQI Team Membership

The State CQI Team membership is comprised of the representatives of the multiple MIECHV program partners. The Illinois CQI Team consists of the MIECHV Program Director, the Manager of Program Evaluation, and the Community Systems Development Coordinator from the Governor's Office of Office of Early Childhood Development. The Steering Committee also includes members from the independent evaluator, CPRD, currently consisting of Matthew Poes, Peter Mulhall, Olga Zakrevskaya, and Deborah Kemmerer, as well as members from ISBE and IDHS (funders). In addition to these core administrative members, we are including a site representative as part of the State CQI Team so that they can have bi-directional communication and recommendations will flow both to and from the local communities and programs. This will ensure high-quality information flow and decisions that are vetted at the state and local levels.

The State CQI Team, with representatives from CPRD and OECD, will initially meet with the site representatives one to two times per month and eventually on a quarterly level. The State CQI Team will also conduct an annual meeting to review the status and progress of the CQI work to review the scope, focus, and policy recommendation for statewide home visiting quality improvement efforts. The Home Visiting Taskforce (HVTF) is a taskforce of the Early Learning Council with members from across the state of Illinois heavily involved in the management and execution of early child care services. This includes politically important members who reflect the representatives for MIECHV to the various government agencies and offices as needed. The responsibility of the HVTF is to aid in top level decision making around the scope and direction of Illinois MIECHV quality improvement efforts, as well as its expansion into future home-visiting programs. In addition, they will serve as the primary outlet for high-level process change efforts requiring political movements, policy adjustments, or lobbying.

## Required Roles on Each of the CQI Teams

### Local CQI Team:

- A site CQI leader who coordinates all CQI efforts across the agency, runs regular meetings, and facilitates the report generation and communication efforts around data.
- A site CQI representative to the State CQI Team, whose role is to report and communicate the work of the site CQI team to the State CQI Team and vice versa.
- Local CQI must have a thorough understanding of the CQI process, MOU and ability to provide leadership to the local team.
- Site action employees whose job it is to execute the actions of the CQI problem-solving plans.
- Sites may choose to include subject matter experts; however, this will also be offered through the State Team across sites, as we feel it's a better use of resources.
- Local expertise may come in the sharing of experience with other home visitors, but our goal is to avoid site level professional development exercises that we feel would benefit multiple groups in order to maximize efficiency of resources.

#### State CQI Team:

- Representatives from the local team whose job it is to communicate the work of the State Team, as well as the work of the local team (the Liaison between site and State).
- Official representatives from funding agencies whose role it is to help give approval and direction to actions which may impact funding requirements (i.e., a change in practice prohibited by the funding).
- Content experts or content expertise gathering agents whose role it is to gather or develop expertise around problems faced by sites.
- Representatives from OECD and CPRD to aid in the overall management and direction of the State Team meetings, to offer technical assistance as needed, and to ensure adherence to the focus of the group.

#### Leveraging of Resources

CPRD has extensive experience with translational research, e.g., research work which translates the findings from scholarly evaluation to practical implementation. Many of the members of the CPRD team have worked in applied research in which research is translated into practice -- for the purposes of transforming practice through an evidence-based approach. CPRD have more than 60 years of combined experience working in school reform programs that rely on extensive data-based decision making for quality improvement. CPRD has been administering a school self-study survey for more than 20 years to collect formative data to be used, reviewed, and communicated across schools to track progress in reforming and improving whole school teaching and education processes. In addition, an extensive part of CPRD's background is in the use of formative data collection to help inform ongoing policy development and reform. These are core tenants to the CQI model.

Quality Assurance (QA) efforts currently exist by the funders for all home-visiting program based largely on the requirements that sites must fulfill to meet specific contractual requirements. However, rarely is this QA approach solution-focused to meet required targets. The way in which we envision QA working synergistically with CQI is that QA will set quality requirements or standards that sites must meet, the incorporation of the CQI program will not eliminate these, but rather, focus on these as process indicators for CQI practice. CQI will thus become an avenue for QA requirements to be met, allowing for mechanisms for feedback and information exchange to be created and maintained. The CQI process provides a systematic approach to achieving effective outcomes, assuring program quality standards are met and identifying any adjustments to the protocols in order to accommodate the needs or to identify opportunities to improve service delivery. An example may be that QA requires that 100% of all families are screened for domestic violence. CQI could then make Domestic Violence a targeted outcome domain to be reviewed by all sites on an ongoing basis. If they are finding that only 60% of families are being screened, a discovery process could be conducted to find out the barriers to 100% screening; from there a solution to this barrier could be worked out, a plan could be developed, and this plan executed.

The data would be reviewed on an ongoing basis, and the plan modified until a higher percentage of the families are being screened. In addition, this discovery and improvement process may find that 100% compliance with screening is inappropriate for reasons not previously understood in the QA target development, and targets can be realigned with practical findings. Illinois CQI will be focused on developing approaches to meet QA targets, and thus will be seen as a tool – rather than oversight -- for success. Illinois CQI will work to incorporate pre-existing learning communities and collaborations which have often worked in isolation to meet QA targets, but failed to formalize their work across the state and across models. The expertise in the Governor's office of Early Childhood Development, the Center for Prevention Research and Development, Ounce of Prevention, and the Illinois Department of Human Services can leverage their collective knowledge and resources to bring expert training on topics discovered in the CQI Process.

### **Statewide CQI Trainings and Meetings**

CQI training began in April 2013. During an in-person meeting, CQI and how it is related to MIECHV was described in theory. In July, a webinar was conducted to review these topics, along with outlining seven steps to complete each agency's action plan. At this time, each agency received their first CQI problem, along with a packet to assist them in creating their agency team and working through their CQI action plan.

Implementation of the CQI process will begin with training of the team members in the values, structures, and procedures of CQI.

The initial in-person CQI project planning meeting began in April and May 2013 with follow-up site meetings in June. Subsequent meetings will be done via a webinar approach -- similar to "Go-To-Meeting." We will utilize "Eluminate! Blackboard" as our tool for collaborative learning meetings. The goal of this first meeting will be to tackle a low-hanging fruit CQI project.

#### **State Team Meetings:**

- In-person meetings will be held annually to review progress; presentation of CQI impact will be given at this time to the state level stakeholders, as well.
- Quarterly online meetings will be held to discuss data results for use in ongoing quality improvement projects. At these meetings, agencies will attend a webinar-based presentation to review overall CQI issues and receive information on CQI tools. This will be facilitated in a manner that will encourage active participation and open lines of communication from all involved concerning home visitation activities. This process will assist with the coordination and links with other community programs.
- Quarterly reports will be submitted to CPRD for review and feedback. CPRD will provide summaries to the State.

#### **Local CQI Meetings:**

- Sites will meet monthly to discuss CQI efforts, progress, and next steps.
- Home visitors and supervisors will work on an ongoing basis to run ad hoc reports when necessary.

#### Program CQI Meetings:

- The State programs have existing CQI programs; results and efforts from this will be reported to the State and local levels on an ongoing basis.
  - Local sites all operate model programs and would already be incorporating the changes made at the program level.
- The State CQI Team will work with the various program CQI teams to decide which groups should be tackling the barriers to service.
- Because the state programs operate as part of a larger national system, the state CQI efforts will work in cooperation -- rather than integration -- with the programs.

#### CQI Data Collection

We will be committed to a process of Continuous Quality Improvement through regular data collection and analysis to inform changes for more effective program implementation and improved participant outcomes. Through the collection and regular use of data, home-visiting programs are expected to continuously strengthen programming, as well as document changes and improvements.

The following are questions to be asked before the data collection:

1. What is being measured?
2. Why is it being measured?
3. What are the data sources?
4. Who is responsible?
5. How often will data be collected (frequency)?
6. How will data be collected?
7. How/Who will data be aggregated and reports generated?
8. In what format?

Answers to these questions can be found in the Illinois Benchmark Data plan.

#### ***Data System and Data Integrity***

Ongoing data collection will be handled by a single managed information system (MIS) with case management capability. Illinois is using Visit Tracker, a web-based system where all of the data will be entered and the reports will be generated from this software system. The system incorporates ad hoc reports for end users that allow home visitors, supervisors, center directors, and state officials to continually monitor aspects of service delivery and data collection integrity, as needed.

Data integrity is paramount to CQI. The first step in our CQI process will be to ensure we are getting good quality data. To this end, we will include specialized ad hoc reports for home visitors and supervisors to use that allow them to know which participants have completed documentation. Data integrity reports are designed around federal MIECHV Form 1 and Form 2 reports. Service delivery ad hoc reports will be utilized by home visitors and supervisors alike.

Once we are certain the quality of the data is acceptable, we will examine it to see what it's telling us via the CQI process). Problems gleaned from the data could tell a story about service delivery or simply a lack of data upkeep. Before developing plans to improve service, we must be sure the data is accurate. Once we know the data is acceptable, other root causes can be determined and analyzed.

Data is collected by two distinct groups. First, home visitors are responsible for collecting case and process data that are then entered into Visit Tracker. Second, CPRD field staff is responsible for collecting the benchmark outcome data. These data are later entered into Visit Tracker as well. Illinois decided that it was best to use independent data collection staff to collect outcome data to reduce any bias. This is especially important in new program improvement efforts given the high stakes for improvement and additional load that both improvement efforts and data collection can have. Independent collection of outcome data also reduces the work load on the home visitors. CQI should improve program quality, but increased work and stress can have the opposite effect.

### ***Challenges in Data Collection Thus Far***

Data collection through a management information system (MIS) and case management system has been ongoing through a system entitled "Efforts to Outcomes" (ETO) produced by Social Solutions. The highly-specific needs of the Illinois home visiting programs and variety of programs funded put a large burden on the developers of the data system, and a large amount of both content knowledge for home visiting work flow and system development time was necessary. Unfortunately, we lacked both the development time necessary to produce a good data management system that took advantage of the ETO systems flexibility, and Social Solutions lacked the past experience in development of the MIECHV home-visiting data systems with such varied numbers of home-visiting programs. This resulted in a data system that was not ready to meet our data collection needs, was not able to meet our data integrity requirements and our data reporting requirements, and failed to work as a useful case management tool for the home visitors.

This challenge resulted in the MIECHV state steering committee to re-evaluate the needs of the MIS and case management system, and a new MIS/case management system was selected. The state of Illinois has selected the Visit Tracker system. Currently, the MIECHV sites are working on transferring the ETO information to Visit Tracker system. It is believed that Visit Tracker, which is already widely used in Illinois, will provide better workflow through the data process, reduced complexity for end users, more accessible ad hoc data integrity reports, and improved training and support for the home visitors.

As mentioned earlier in this report, data integrity -- the accuracy of the data collected -- is paramount to a CQI system that relies on data for decision making in quality improvement. As a result of the initial challenges we have faced, massive efforts are being put forth to include a CQI process into our data collection system which allows changes and updates to be made more quickly and thoughtfully when problems arise and to allow more accurate reporting of the data by ensuring that the design of the data system is driven by the reporting needs, not the ease by which it can be put together. In addition, allow improved communication of case data



status/results to end users at all levels (home visitors, supervisors, programs, and state administrators).

### **Reporting CQI Data**

Data collected through various forms will be aggregated or summarized using tables that sum or average the data, whichever is appropriate for the type of data being collected. Data collected via surveys, observation forms, and other report forms will be entered into databases on a regular basis. The quarterly report format for the CQI Team will follow a standard form. Results will be presented in narrative form utilizing charts to display trends over time to enable everyone to see a clear picture of the results. These results will be presented at the state, site and the model level. We will present the data in such a way that allows the sites and programs to compare their results to the state averages. The findings will be documented and the next steps that come out of the analyses will be listed. The Quality Improvement (QI) quarterly reports are intended to reflect the status of established QI activities. Additionally, certain established QI activities are intended to monitor operational activities and identify other areas for improvement. Reports will be produced on a regular basis and reflect important aspects of service processes and outcomes.

CPRD CQI Specialist, working with the research team, will be primarily responsible for working with the MIECHV sites in the development and utilization of the reports. After the initial CQI large group meeting, the program site will be expected to design and implement a CQI process and develop a plan targeting program improvements. The primary goal of the implemented CQI plans at each site is to rely on the data to direct CQI efforts and thus make extensive use of ad hoc reports.

The CQI data reports and action plans will serve as the cornerstone of the Illinois CQI process. Data made available to the programs will serve as the major sources to identify key areas to address and to prioritize their efforts. It will be important to have more than one source of data and preferably both quantitative and qualitative sources. The CQI Specialist will engage the local teams' planning process and work collaboratively across the communities. Our iHVM is a variation of the widely used PDCA cycle. Programs will be provided with common CQI tools, such as SWOT, PDCA, logic models and data charts, to assist them in creating a data-driven Action Plan using SMART goals (refer to Appendix B for template). These program-level Action Plans will be submitted for review on a quarterly basis with feedback provided by the CQI specialist for any revisions.

### **Report Development**

CPRD data specialists will work with the data system developer, the sites, the CQI specialist, and the evaluation principal investigators to develop the necessary reports. The focus on report development will be to ensure that sites have the data they need to track program implementation progress and participant outcomes.

In addition to the reports developed for individual site use, reports will be developed to be implemented at the program level, allowing individual sites to submit data to their respective

programs, and the State CQI Team will also be developing and reviewing program level data across the state. The State Team will also be utilizing reports developed to review data across the sites at the state level, allowing review of implementation progress and participant outcomes.

CPRD will strive to create reports that are not simply based on common cross-tabs approach as a way to help make the reports more approachable to non-data savvy folks. Visit Tracker has some canned reports that will be used, and other reports will be created by CPRD's data analyst team. Sites can access their own data and reports via Visit Tracker, and CPRD's reports will include accumulated data cross the sites, but still using Visit Tracker as the data source. The first step in helping to familiarize folks to seeing data as useful in their work and to normalize any problems will be to create a set of "Did You Know?" graphics with common state average data on outcomes and processes published in a regular monthly newsletter. In addition to these, longitudinal data will be reported using trend graphics that allow for state average comparisons.

State level data will be distributed quarterly as part of a state report to all pertinent parties (state officials, site officials, etc.). This information will also be reviewed by the State Steering Committee bi-annually in order to help guide the state vision for CQI's direction. In addition, monthly newsletters will be sent to all of the MIECHV affiliates with state trend data and information on the ongoing CQI efforts across the state. This newsletter will also include information on the status of various state level initiatives, policy relevant information, etc.

The CQI reports will capture both quantitative and qualitative data around the CQI activities, with an emphasis on collecting contextual data not captured in the mandated data reports. For example, collecting project narratives may provide important information about implementation methods and approaches to translating lessons learned across sites, as well as possible process and outcome improvements. Quarterly CQI reports will build upon the evaluation plans for the CQI activities to ensure data is collected in a timely method and accountability is maintained. Annual CQI reports will aggregate the quarterly CQI report data, with over-arching themes identified and summarized. The federally-mandated annual report of demographic, service utilization, process indicator and benchmark data, and annual CQI report together will allow a richer picture to be developed about the strengths and opportunities for improvement within the MIECHV network and how best to share lessons learned both across and outside the network. The quarterly and annual CQI reports will be disseminated throughout the MIECHV stakeholders to insure transparency and to invite comment and suggestions for additional improvements. Reports will be used to track performance and outcomes.

## **Transparency**

Illinois has decided to make transparency a core tenant of its CQI approach. This means that sites will be ensured regular and ongoing feedback on the data they are collecting, the efforts they and others are making, and the efforts being made by the state steering committee. One common complaint about past QA and QI efforts is that sites submitted data but never received this data back in a user friendly way. In addition, when the data highlighted known concerns or problems, they would be assured of a solution, but long swaths of time would go by before they

heard anything. Our goal is to improve communication in such a way that sites understand what is happening. If a problem requires a policy change, we will keep them informed on a more regular basis through efforts such as the newsletter. In addition, we feel it may be useful for sites to be able to learn from other sites without targeted competition. As a result, we will seek to have our reports give sites a sense of where they stand relative to other sites. Initially, this will be via a state average for comparison, but in time we believe that we can use a non-identifiable means to show all other sites by area to help see what is common or possible.

### **Assessment of the Effectiveness of the CQI Process**

The annual effectiveness report will summarize the goals and objectives of the CQI Plan, the quality improvement activities conducted during the past year, including the targeted process, systems and outcomes, the performance indicators utilized, the findings of the measurement, data aggregation, assessment and analysis processes, and the quality improvement initiatives taken in response to the findings.

### **Performance Targets**

The first year of CQI will not include any formal performance targets, as we want to focus primarily on establishing a baseline of CQI efforts. Once we have established our infrastructure and begun working on specific problems, the data will be used to establish realistic targets for each problem identified using either Healthy People 2020, PRAMS or an estimated change based on confidence intervals.. In addition, the State and sites will be encouraged to develop targets around best practice, but we recognize that what may have made sense in one scenario, may not make sense as a target in our programs, and thus targets must be flexible, not mandates. The ongoing funder based QA process will contain mandated hard targets that sites are expected to meet and we will position the CQI to help aid sites in meeting those QA targets.

### **CQI Annual Effectiveness Report**

CPRD will create an annual report and presentation known as the State Annual CQI Effectiveness Report and will serve the following purposes: 1) We will summarize all progress to date on meeting our annual goals and objectives; 2) We will include a brief summary of our progress around each goal; 3) We will provide a brief summary of the findings and indicators that we used for each of our goals; 4) We will summarize our progress in relation to the quality improvement initiatives, including a description of the activities which took place across the state; 5) We will make recommendations based on the evaluation of what actions are necessary to improve our CQI efforts; and 6) We will summarize and describe the implications of the quality improvement process we have undertaken over the course of the year. This report will be sent to the MIECHV State Leads in the Illinois Department of Human Services and the Office of Early Childhood Development, and other key stakeholders.

### Selected References

- Flowers, N. & Carpenter, D. M. H. (2009). You don't have to be a statistician to use data: A process for data-based decision making in schools. *Phi Delta Kappan*, 91 (2): 64-67.
- Mulhall, P., Flowers, N. & Mertens, S. (2002). Understanding indicators related to academic performance. *Middle School Journal*, 34, (2) 56-61.

## Appendix A

### ***CQI Project Plan 2013-2014***

April-May – CQI team conducts three meetings to provide home visiting programs and personnel with an introduction and overview of the CQI process

June – CQI team launches baseline CQI capacity survey to all MIECHV home visitors

June - CQI team conducts site visits to each of the six communities to assess the status of the benchmark process and CQI activities.

June-Jul.13 - CQI team analyzes the CQI capacity survey results

Jul.13 – CQI team works with MIECHV sites to design CQI Action Plan.

Jul.13 – CQI team conducts online webinars to review status of CQI Action Plan

Jul.-Aug.– CQI teams provide ongoing and if necessary, onsite training and technical assistance for CQI plan

Aug.13 and ongoing - Identify key variables, data sources and related information for CQI plans.

Aug.13 – Local CQI teams submit CQI Action Plan for review and approval.

Sept.13 – Local CQI team begin implementation of CQI Action Plan

Sept.-Oct.13 - CQI team conducts online webinars to review status of CQI Action Plan.

Oct.– Nov.13 – Conduct ongoing site visits to review progress on CQI plans.

Nov- Dec13. - CQI team conducts online webinars to review status of CQI Action Plan.

Dec.13.- MIECHV sites submit quarterly plan for review and feedback

Jan.14 – CQI team provides feedback to the MIECHV sites and programs

Jan.14 - CQI team presents CQI results to the Home Visiting Task Force

Feb.14 - CQI team conducts online webinars to review status of CQI Action Plan.

Mar-Apr. 14 – CQI team conducts ongoing site visits to review progress on CQI plans.

Apr.14 – MIECHV sites submit quarterly plan for review and feedback

May.14 CQI team re-administers the CQI capacity survey, analyzes and summarizes results.

June.14 – CQI teams develops annual CQI summary report

June.14 - CQI team presents CQI Effectiveness Report to the Home Visiting Task Force

Jul.14 - MIECHV sites submit quarterly plan for review and feedback

## Appendix B

FACILITY:						TEAM MEMBERS:
CONTACT:						
GOAL: 1.						
PROBLEM STATEMENT: 1.						
ROOT CAUSE(S): 1.						
INPUTS & RESOURCES	ACTION PLAN	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	IMPACTS & OUTCOMES